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Division of Cannabis Regulation | Office of Business Opportunity Microbusiness Applicant Check List

This check-list is designed to be a working document to assist applicants with gathering required documentation for submission of a Microbusiness License Application. Applications must be submitted through the Department's online registry portal, and will only be accepted during an application acceptance period.

Acc	count Information				
> I	> First time business applicants must first register for an online registry portal account.				
[☐ Visit https://mo-public.mycomplia.com/#!/mo/register and get started with a "Business" application				
	type to create an account.				
	Returning business applicants should use the existing account to submit the application.				
	☐ Visit https://mo-public.mycomplia.com/#!/signin to log in.				
	☐ Users can reset their password by clicking the "Forgot Password" prompt next to the Sign In button.				
	Log-In Information:				
	> Username/Email Address: > Password:				
ı	/ rassworu.				
App	plication Information				
☐ Each applicant must provide an individual whom will serve as the authorized point-of-contact for all					
	Department communications.				
> I	Designated Contact				
	> Full Name:				
	▶ Phone: ▶ For all.				
	▷ Email:▷ Fax Number:				
	> Address:				
	➢ Address.				
> (Ownership Tab				
	. ☐ An individual or other entity may only appear in one microbusiness application. Applications found				
	to have common ownership, of any percentage, will be denied.				
[\square An individual or other entity may also only have ownership, of any percentage, in one microbusiness				
	license at a time.				
[☐ An owner of a microbusiness facility may not also be an owner of another licensed marijuana or				
	medical facility <i>unless</i> the ownership is less than 10%. Any application with an individual who is an				
	owner of another licensed marijuana or medical facility will be subject to denial.				
l	☐ For each individual with any percentage of financial or voting interest, the following information is				
	required: > Full Name:				
	➤ Title/Role:				
	> Phone:				
	➤ Email:				



	➢ Social Security Number:		
	> % of Financial Interest:		
	≫ % of Voting Interest:		
	Owner's Street Address:		
	Whether or not the individual is part of a sub-entity:		
	If yes, name and financial and voting percentage of the sub-entity:		
	Whether or not the individual's financial or voting interest contribute to the calculation for majority ownership; and if so, do they meet at least one of the eligibility criteria:		
Loc	cation Information		
	Facility Location Information shall indicate the proposed location where the facility will be physically		
	located, not where the individual(s) within the application reside. Applicants are not required to reside in the congressional district where the facility will be located.		
	The congressional districts are designated using the 2010 US Congressional District map, as drawn and effective on December 6, 2018. Applicants should use the DCR Location Tool to ensure the congressional district chosen corresponds to the facility address. The Department will verify the congressional district using the facility address. If no address is available, the Department will verify the congressional district using the GPS coordinates provided for the facility location.		
☐ The following information must be included for the proposed facility location:			
	 □ Facility physical address: □ Missouri House of Representatives District: □ US Congressional District: □ Facility GPS coordinates: □ Latitude: □ Longitude: □ Facility mailing address: 		
Do	cument Uploads		
The	e following Documentation will be required of all microbusiness applicants.		
\triangleright	Ownership Structure □ A visual representation of the applicant's ownership structure including all entities and individuals and their corresponding ownership percentages listed in the ownership tab of the application. □ Total percentage of financial or voting interest must each equal 100%.		
\triangleright	1000 Foot Rule		
	If the proposed license location is within one thousand feet (1,000 ft) of any existing elementary or secondary school, daycare, or church the applicant shall provide local government requirements replacing the Department's 1000 foot rule. ☐ Copies of local ordinances expressly allowing a marijuana license to be sited within one thousand feet (1,000′) of those locations at the time of application.		
\triangleright	Zoning		



Date of birth:

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	app pro	ne local government (city, town, municipality, township or county) has enacted any requirements olicable to the proposed license's facility location, such as zoning restrictions, the applicant shall ovide the following with applicable sections highlighted in the copy of the regulations. A copy of all local government requirements for the proposed license's facility location. A hyperlink to all local government requirements for the proposed license's facility location.				
\triangleright		Blueprints ☐ Blueprints or floor plants with rooms clearly labeled with purpose of the space, square footage, camera locations, limited access areas, and access permissions.				
\triangleright	Microbusiness Eligibility					
		For each individual claiming majority ownership, documentation to demonstrate the specific eligibility criteria that each individual meets. More information about acceptable documentation for each eligibility criteria can be found on the Department website: cannabis.mo.gov . Applicants may claim more than one eligibility requirement on their application, however, it is not required. ▶ (1) Have a net worth of less than \$250,000 and have had an income below two hundred fifty percent (250%) of the federal poverty level for at least three (3) of the last ten (10) years; ▶ (2) Have a valid service-connected disability card issued by the United States Department of Veterans Affairs, or successor agency; ▶ (3) Be a person who has been, or a person whose parent, guardian, or spouse has been arrested for, prosecuted for, or convicted of a non-violent marijuan offense; ▶ (4) Reside in a ZIP code or census tract area where thirty percent (30%) or more of the population lives below the federal poverty level or the rate of unemployment is fifty percent (50%) higher than the state average; ▶ (5) Reside in a ZIP code or census tract area where the historic rate of incarceration for marijuana related offenses is fifty (50%) higher than the rate for the entire state; or ▶ (6) Graduated from a school district that was unaccredited or had similar successor designation at the time of graduation; ▶ (7) Reside in a ZIP code containing an unaccredited school district for three (3) of the past five (5) years.				
All ph Exa	ind oto amp	rnment Issued Photo-ID viduals listed in the microbusiness application must submit a valid non-expired government-issued ID. les of acceptable documentation include: a driver's license, passport or other government-entity-photo identification card.				
Fir	nge	rprints				
	☐ Individuals listed on the ownership tab, who hold at least 10 % of the voting or financial interest, are					

required to submit fingerprints for a state and federal fingerprint-based background check within two (2) weeks of the application submission date. The Department will send further instructions to the

designated contact following receipt of the application.



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	For individuals who have previously submitted fingerprints to the Department for a state and federa fingerprint-based criminal background check, applicants should provide the individual's name and TC associated with the fingerprinting records.				
Individuals who have previously submitted fingerprints to the Department:					
		Name/TCN:	Name/TCN:		
		Name/TCN:	Name/TCN:		
		Name/TCN:	Name/TCN:		
		Name/TCN:	Name/TCN:		
		Name/TCN:	Name/TCN:		
		Name/TCN:	Name/TCN:		
\triangleright	> Additional Information and Requirements				
	☐ Attestations/Questions				
	The proposed license location complies with all the location requirements of 19 CSR 100−1.100(1)(c) o government as applicable.				
 For wholesale facilities that will be cultivating marijuana please indicate what cultivation practices yo to implement (check all that apply) ☐ Indoor ☐ Outdoor ☐ Greenhouse No individual claiming at least 10% voting or financial interest of the applicant entity has a disqualify offense. All individuals who hold at least 10% of the voting or financial interest will submit fingerprints within weeks of the application submission date or have previously submitted such fingerprints. The applicant does not have an owner who is also an owner of an existing medical, comprehensive of microbusiness license. The applicant entity is not and will not be under substantially common control, ownership, or managa testing facility. 					
			ncial interest of the applicant entity has a disqualifying felony		
			o an owner of an existing medical, comprehensive or other		
			substantially common control, ownership, or management as		
	\triangleright	· · · · · · · · · · · · · · · · · · ·	ownership interest on this application is not also holding plication submitted in the same application time period.		
➤ The information provided in this application is true and correct.			ue and correct.		
\triangleright	Appl	ication Fee			
	\square \$1,500, due at time of application submission.				

